

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Southern General Insurance Co.
 c/o Jill Jinks
 1904 Leland Drive
 Marietta, GA 30067
 06775 BPLty Smtp CP

2. Article Number

(Transfer from service label)

7006 0100 0000 0733 3882

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X B. L
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

20/01/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes